



## CONTINUATION OF GROUP VISION COVERAGE (COBRA)

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM

SFN 53536 (09/05)

In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to 26 U.S.C. Sec. 3402. The individual's social security number will be used for tax reporting and as an identification number.

**NDPERS • PO Box 1657 • Bismarck, • North Dakota 58502-1657**  
**(701) 328- 3900 • 1-800-803-7377 • Fax 701-328-3920**

### PART A MEMBER INFORMATION

Name (Last, First, MI)		Social Security Number	
Address	City	State	Zip +4
Home Telephone Number	Daytime Telephone Number		

### PART B NDPERS GROUP VISION INSURANCE ONLY

Do you wish to continue your current coverage in the NDPERS Group Vision Insurance Plan? ☐ Yes ☐ No

If Yes Current Level of Coverage: ☐ Self Only ☐ Employee & Spouse ☐ Employee & Child(ren) ☐ Family

☐ Reduced Level of Coverage (Self Only) (**AMERTIS Vision Insurance Enrollment/Change Form MUST accompany this form**)

Employees terminating employment, or otherwise losing eligibility, may continue their NDPERS Group Vision Plan at their own expense for a maximum of 18 months subject to the following:

- 1) You must be a member of the plan at time of loss of eligibility.
- 2) Your spouse or any other dependent(s) applying for this continuation coverage must be a member of the plan at time of loss of eligibility.
- 3) You must complete and submit this election form to NDPERS within 60 days from your last date of coverage.

**If you do not choose continuation coverage, your group vision plan will end on the last day of the month for which premiums were paid.**

### PART C PAYMENT METHOD & MEMBER AUTHORIZATION

**DO NOT SEND MONEY WITH THIS FORM.** Your payment is due the 1st of the month. **Failure to remit your premium by the due date will result in loss of vision coverage.**

#### PAYMENT OPTION

☐ Withhold from bank account ( Complete SFN 50134)

I have read this application in its entirety (**including the back page**) and certify the information is accurate and complete. I understand and agree that any false statements or omissions may void any benefit plans insured based on this application.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Signature

### PART D NDPERS USE ONLY

Group Number	Month the last dental premium will be paid through by agency:	Begin Date	End Date
--------------	---	------------	----------

**ORIGINAL TO NDPERS – PLEASE MAKE A PHOTOCOPY FOR YOUR RECORDS**

On July 1, 1986, a federal law was enacted (Public Law 99-272, Title X) requiring that most employers sponsoring group plans offer employees and their families the opportunity for a temporary extension of coverage (called "continuation coverage") at group rates in certain instances where coverage under the plan would otherwise end.

If you are the spouse of an employee covered by the employer's group plan, you have the right to choose continuation coverage for yourself if you lose group coverage under the group plan for any of the following four reasons:

1. The death of your spouse;
2. A termination of your spouse's employment (for the reasons other than gross misconduct) or reduction in your spouse's hours of employment with the employer.
3. Divorce or legal separation from your spouse; or
4. Your spouse becomes entitled to (that is, covered by) Medicare.

In the case of a dependent child of an employee covered by the employer's group plan, he or she has the right to continuation coverage if group dental coverage under the group plan is lost for any of the following reasons:

1. The death of the employee;
2. A termination of the employee's employment (for reasons other than a gross misconduct) or reduction in the employee's hours of employment with the employer;
3. The employee's divorce or legal separation;
4. The employee becomes entitled to (that is, covered by) Medicare;
5. The dependent child ceases to be a "dependent child" under the group plan.

Under the law, the employee or a family member has the responsibility to inform NDPERS of a divorce, legal separation or a child losing dependent status under the group plan within 60 days of the date of the event. The employer with whom you have your NDPERS group benefit plan has the responsibility to notify NDPERS of an employee's death, termination, and reduction in hours of employment or Medicare entitlement.

Once is notified that one of these events has happened, you will in turn be notified that you have the right to choose continuation coverage. Under the law you have at least 60 days from the date you would lose coverage because of one of the events described above to inform NDPERS that you want continuation coverage.

If you do not choose continuation coverage on a timely basis, your group insurance coverage will end. Not choosing continuation coverage may cause a break in your continued coverage and such break of more than sixty-three days may cause loss in coverage portability.

If you choose continuation of coverage, NDPERS is required to give you coverage, which, as of the time coverage is being provided is identical to the coverage provided under the group dental plan to similarly situated employees or family members.

In no event will continuation coverage last beyond 36 months from the date of the event that originally made a qualified beneficiary eligible to elect coverage. The 18 months may extend to 29 months if an individual is determined by the Social Security Administration to be disabled (for Social security disability purposes) as of the termination or reduction in hours of employment or within 60 days thereafter. To benefit from this extension, you must notify NDPERS of the determination within 60-day s or before the end of the original 18-month period. The affected individual must also notify NDPERS within 30 days of any final determination that the individual is no longer disabled.

However, the law also provides that continuation coverage may be cut short for any of the following five reasons:

1. The employer no longer provides group coverage to any of its employees;
2. The premium for your continuation coverage is not paid on time;
3. You become entitled to (that is, covered by) Medicare; or
4. You extend coverage for up to 29 months due to disability and there has been a final determination that the individual is no longer disabled.